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Application ID:

10068533

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Title of Invention:

ELECTROSURGICAL APPARATUS AND METHODS FOR TREATMENT

AND REMOVAL OF TISSUE

First Named Inventor:

Robert Dahla

Domestic/Foreign Application: Domestic Application

Filing Date:

2002-02-05

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2004-08-06

Information Disclosure

Statement

Filing Type:

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9992

Attorney Docket Number:

NONE

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Electronic Version v1.1 Stylesheet Version v1.1.0

Title of Invention

ELECTROSURGICAL APPARATUS AND METHODS FOR TREATMENT AND REMOVAL OF TISSUE

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Robert H

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Submitted by:	Elec. Sign.	Sign. Capacity	
Richard Batt Registered Number: 43485	RRB	Attorney	

Documents being submitted

Files

us-ids

CB-11-1-usidst.xml

us-ids.dtd

us-ids.xsl

Comments



ELECTRONIC INFORMATION DISCLOSURE STATEMENT

Electronic Version v18
Stylesheet Version v18.0

Title of Invention ELECTROSURGICAL APPARATUS AND METHODS FOR TREATMENT AND REMOVAL OF TISSUE

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Application Number:

10/068533

Confirmation Number:

9992

First Named Applicant:

Robert Dahla

Attorney Docket Number:

Search string:

(5496314 or 5496317 or 5571100 or 5633578 or 5860975 or 4682596 or 5078717 or 5267994 or 5273524 or 5300069 or 5312400 or 5334140 or 5342357 or 5514130 or 5569242 or 4593691 or 4931047 or 4998933 or 5178620 or 5366443 or 5380277 or 5419767 or 5697281 or 5697882 or 5697909 or 4532924 or 4765331 or 4976711 or 5125928 or 4043342 or 4228800 or 4248231 or 4326529 or 4381007 or 4476862 or 4706667 or 5009656 or 5584872 or 5609151 or 5676693 or 5725524 or 4232676 or 5007908 or 5370675 or 5383917 or 4040426 or 4116198 or 4548207

or 4823791 or 5098431).pn.



Note: Applicant is not required to submit a paper copy of cited US Patent Documents

init	Cite.No.	Patent No.	Date	Patentee	Kind	Class	Subclass
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Remarks

Note: Remarks are not for responding to an office action.

This submission is part 2 of 6 parts each submitted on August 6, 2004. The first part of this submission (part 1) has been concomittently filed via priority mail in a box with instructions for the PTO to charge the proper fee. Accordingly, we do not believe that this part (part 2) of this IDS submission should require an additional fee. Thank you.

Signature

Examiner Name	Date

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